POSITION	INITIALS	ID NO.	DATE
, FEE DETERMINATION			•
O.I.P.E. CLASSIFIER		**	• • •
FORMALITY REVIEW			
FORMALITY REVIEW			•
	C C INDI	EX OF CLAIMS	•
	Rejecte		Not be tel
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	Fhrough numeral) Canceled Restric		Appea Objected
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Claim Date	Claim	Date	Сіа п
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E O C A	Final		Final   Original
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13	63		113
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